

**INSTRUCTIONS:** Fill in your estimated monthly expenses in the column marked "estimate". For your expenses, use recent monthly bills to average your expenses.

MONTHLY LIVING EXPENSES	ESTIMATE	COUNSELOR		
Rent/Mortgage payment			<b>Mortgage Paid to:</b>	
Second Mortgage				
Rent/Homeowner Insurance				
Property Taxes				
Car Payment #1				
Car Payment #2				
Electricity/Oil/Gas			BALANCE:	\$
Water/Sewer/Garbage			VALUE:	\$
Telephone/Mobile Phone/Beeper			<b>2<sup>ND</sup> Mortgage Paid to:</b>	
Cable TV/Internet				
Home/Lawn/Pool Maintenance				
Gasoline				
Auto Insurance/Tags/Inspections				
Car Maintenance/Oil/Lube/Tires				
Groceries			<b>BALANCE:</b> \$	
Meals Out				
School Lunches			<b>Is Rent or Mortgage Delinquent?</b>	
Diapers/Formula/Baby Supplies			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Home Cleaning Supplies			MONTHS:	
Dry Cleaning/Laundry			AMOUNT: \$	
Life Insurance				
Health/Accident Insurance			<b>TYPE OF LOAN:</b>	
Medical			<input type="checkbox"/> Conventional #	
Dental/Optical			<input type="checkbox"/> FHA #	
Drugs/Medication			<input type="checkbox"/> VA #	
Child Care				
Child Support/Alimony			<b>VEHICLE INFORMATION:</b>	
Occupational Expenses			MAKE:	YEAR:
Family Clothing			MODEL:	BALANCE:
Barber/Beauty Shop			\$ _____	
Personal Care			Payment Due Date: ____ - ____ - ____	
Pet Care				
Movies/Entertainment			Condition:	
Gifts/Parties/Holidays			Good Fair Poor	
Cigarettes/Tobacco/Alcohol			<b>2<sup>nd</sup> VEHICLE INFORMATION</b>	
Hobbies/Clubs/Subscriptions			MAKE:	YEAR:
Church/Charities			MODEL:	BALANCE:
Bank Service Charges			\$ _____	
Postage			Payment Due Date: ____ - ____ - ____	
Lottery				
Vacations/Travel			Condition:	
Savings			Good Fair Poor	
Tax Installment			<b>TOTAL:\$</b> _____	
Other				
<b>TOTAL PERIODIC EXPENSES</b>			Rev 4/06	